

G O D W I N G R U B E R

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November 19, 2001

EL858167275US

VIA EXPRESS MAIL

Assistant Commissioner for Patents
Washington, D.C. 20231

Re: Patent Application For
Low Capacitance Coupling Wire Bonded Semiconductor Device
Attorney Docket No. TI-31189
Our File: 50000.2163

Dear Sir:

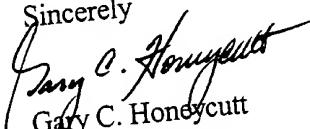
Enclosed for filing please find the following items relating to the above-identified application:

- (1) Non-Provisional Application/Fee Authorization/transmittal Form ;
- (2) Declaration, and Power of Attorney;
- (3) Recordation Form Cover Sheet with Assignment;
- (4) Specifications and Formal Drawings; and
- (5) Postcards.

Please charge Deposit Account No. 20-0668 in the amount of the total fees set forth. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 20-0668.

Please file the application and return the date-stamped postcard to the corresponding addresses as indicated. In the meantime, if you have any questions or comments concerning this matter, please call the undersigned. Otherwise, please accept the enclosed.

Sincerely


Gary C. Honeycutt
Reg. No. 20,250

GCH/ecc
Enclosure
cc: Larry Bassuk, Texas Instruments Incorporated

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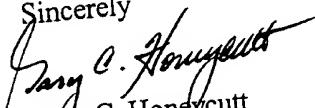
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JC985 U.S. PTO
11/20/01

NON-PROVISIONAL APPLICATION FOR U. S. PATENT UNDER 37 CFR 1.53(b)
TRANSMITTAL FORM

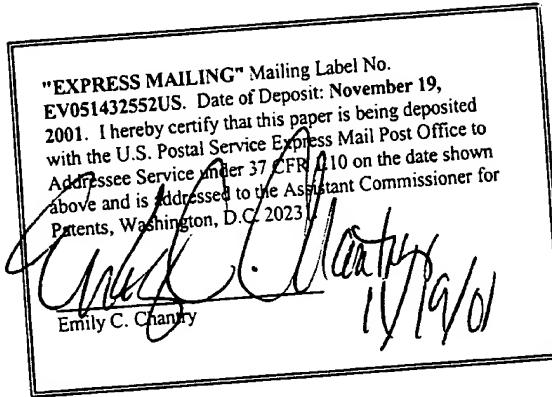
Attorney Docket No. TI-31189

Assistant Commissioner for Patents
Washington, D. C. 20231

Sir:

Transmitted herewith for filing is the
patent application of:

Inventor(s): Michael A. Lamson
Homer B. Klonis



For: Low Capacitance Coupling Wire Bonded Semiconductor Device.

Enclosed are:

- 3 Sheets of formal drawings and 19 pages of Specification (including Abstract)
X A Declaration/Power of Attorney
X Assignment with form PTO 1595

Please amend the specification by inserting before the first line the sentence:
This application claims priority under 35 USC § 119 based upon Provisional Patent
Application number 60/252,126, filed 11/20/00.

FEE CALCULATION					FEE
	NUMBER		NUMBER EXTRA	RATE	BASIC FEE \$ 740.00
Total Claims	17	-20 =	0	X \$18 =	\$0.00
Independent Claims	4	- 3 =	1	X \$84 =	\$84.00
Total Filing Fee					\$824.00

Please charge Deposit Account No. 20-0668 in the amount of the Total Fees set forth. The Commissioner is hereby authorized to charge any additional fees which may be required, or credit any overpayment to Deposit Account No. 20-0668. This form is submitted in triplicate.

All correspondence related to this application may be addressed to the undersigned at Godwin Gruber, P.C. 801 E. Campbell Rd. Suite 655, Richardson, TX 75081.

Date: November 19, 2001

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Registration No. 20,250

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